

**APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2014 JUN 16 AM 10:25

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

Peggy Brodeur

3. Address (include post office box or street, city, state, zip code)

5685 SW 85 St  
Miami, FL 33143

4. Telephone

(305) 666-8067

5. E-mail address

6. Office sought (include district, circuit, group number)

Community Council 12/12A

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Peggy BRODEUR

11. Mailing Address

5685 SW 85 ST

12. Telephone

(305) 666-8067

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33143

17. E-mail address

peggybrodeur@yahoo.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

First Nat'l Bank S. Miami 5750 Sunset Drive

20. Address

21. City

S. Miami

22. County

Miami/Dade

23. State

FL

24. Zip Code

33143

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/16/2014

26. Signature of Candidate

X Peggy Brodeur

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Peggy Brodeur, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

June 16, 2014  
Date

X Peggy Brodeur  
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

RECEIVED OFFICE USE ONLY

2014 JUN 16 AM 10: 25

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

I, Peggy Brodeur,  
candidate for the office of Community Council 12/121;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Peggy Brodeur  
Signature of Candidate

June 16, 2014  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



Access to Handbook and the Election Laws of the State of Florida

RECEIVED

2014 JUN 16 AM 10:25

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Candidate/Chairperson:

Peggy Brodeur
First Name Middle Name Last Name

Community Council 12/121
Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: Peggy Brodeur
Candidate / Chairperson Signature

Date: June 16 / 2014

Primary Telephone Number: 305-666-8067

Alternate Telephone Number: 305-607-1860

E-mail address: peggybrodeur@yahoo.com

**Campaign Treasurer's Report  
Miami-Dade County Electronic Filing Requirements**

Candidate (office sought): Community Council 12/121  
Candidate's Florida Voter Registration Number: 108972690

Political Committee: \_\_\_\_\_

Party Executive Committee: \_\_\_\_\_

Other: \_\_\_\_\_

I, PEGGY Brodeur  
(Please print name of Candidate or Chairperson)

2014 JUN 16 AM 10:25  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

RECEIVED

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

Peggy Brodeur \_\_\_\_\_ 6/16/2014  
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 305-666-8067

Alternate Contact Number: 305-607-1870

Email Address: peggy.brodeur@yahoo.com

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill                |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt        | <input type="checkbox"/> Lease Agreement             |

**OATH OF CANDIDATE**  
(Section 99.021, Florida Statutes)

I, Peggy Brodeur  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT\* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Community Council, 12/121  
(OFFICE) (DISTRICT/GROUP/SEAT #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X Peggy Brodeur 305-666-8067 peggybrodeur@yahoo.com  
Signature of Candidate Telephone Number Email Address  
5685 SW 85 St Miami FL 33143  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 108972690

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Peggy Brodeur

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

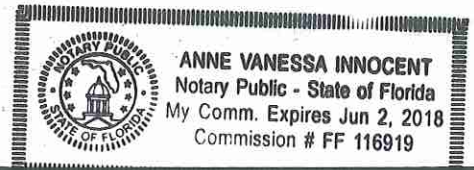
Sworn to (or affirmed) and subscribed before me this 16<sup>th</sup> day of June, 20 14.

Personally Known: \_\_\_\_\_ or  
Anne Vanessa Innocent  
Signature of Notary Public


Produced Identification:  \_\_\_\_\_  
Type of Identification Produced:

FL Driver's License

RECEIVED  
2014 JUN 16 AM 10:25  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT



**Florida** *The Sunshine State*  
DRIVER LICENSE



PEGGY MOORE  
BRODEUR  
6685 SW 85 ST  
MIAMI, FL 33143-9333  
DOB: 06-29-1932 SEX: F  
ISSUED: 07-27-2012 HGT: 5-00  
EXPIRES: 08-29-2020  
REST. A  
ENDORSE:  
REPLACED: 05-30-2012

*Peggy Brodeur*

**SAFE DRIVER**  
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

**FORM 1**

**STATEMENT OF**

**2013**

**FINANCIAL INTERESTS**

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :

**BRODEUR, PEGGY**

MAILING ADDRESS :

**5685 SW 85TH STREET**

CITY :

**MIAMI, FL**

ZIP :

**33143**

COUNTY :

**MIAMI-DADE**

NAME OF AGENCY :

**MIAMI-DADE COUNTY, COMMUNITY COUNCIL**

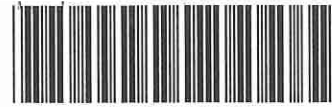
NAME OF OFFICE OR POSITION HELD OR SOUGHT :

**KENDALL COMMUNITY COUNCIL #12**

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**RECEIVED**  
 2014 JUN -5 AM 10:29  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT



\*FD004333\*

**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

~~X~~ ~~M~~ DECEMBER 31, 2013 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
First National Bank of	5750 Sunset Drive	
South Miami Trust Dept	S. Miami, Florida 33143	TRUST

**RECEIVED**  
 2014 JUN 15 AM 10:28  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Not Applicable			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NONE

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	CHARLES SCHWAB
STOCKS AND BONDS	CHARLES SCHWAB
STOCKS AND BONDS	MORGAN STANLEY

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	NONE	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

RECEIVED  
 2014 JUN 16 AM 10:28  
 MANIACADE COUNTY  
 ELECTIONS DEPARTMENT

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE (required):**

**DATE SIGNED (required):**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

*Peggy Brodeur*  
Signature

*June 2, 2014*  
Date

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee; FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment

or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

RECEIVED  
 2014 JUN -5 AM 10:29



